

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	TB	JE 1108	12.06.01
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	1091	6/05/02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓ 12/15/01
2	✓ 12/15/01
3	✓ 12/15/01
4	✓ 12/15/01
5	✓ 12/15/01
6	✓ 12/15/01
7	✓ 12/15/01
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49	✓ 12/15/01
50	✓ 12/15/01

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

(LEFT INSIDE)

829  
12/15/01

852  
6/6/02